

<b>Case Number:</b>	CM13-0068209		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 12/8/12. A utilization review determination dated 12/12/13 recommends non-certification of OT. 11/22/13 initial evaluation report identifies right hand pain and weakness. He is status/post right metacarpal fifth digit closed reduction and percutaneous pinning and later ORIF. On exam, there is tenderness over the joints with lack of complete flexion. The digit deviates toward the radius with flexion. He has difficulty making a fist. Wrist range of motion (ROM) is noted to be normal with 4/5 strength on flexion and extension. Treatment plan includes OT 3 x 4 and an x-ray of the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**The request for additional Occupational Therapy, 3 times a week for 4 weeks for the Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for additional occupational therapy, three (3) times a week for four (4) weeks, for the right hand, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in

order to maintain improvement levels." Within the documentation available for review, there is documentation that the patient underwent a closed reduction and percutaneous pinning immediately after the injury and an ORIF on 3/20/13. Subsequently, he completed multiple OT sessions. He recently began treating with a different provider who noted some limited finger ROM as well as tenderness and weakness. However, there is no documentation identifying why additional supervised therapy is likely to improve the remaining deficits as opposed to adherence to an independent home exercise program. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and there is no provision for modification of the current request. In light of the above issues, the currently requested additional occupational therapy, three (3) times a week for four (4) weeks, for the right hand is not medically necessary.